## CLAIMS ONLY

Application Number: 09987579

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | | * | | * | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | | 51 | | | | | |
| 2 | cancel | | | | | | 52 | | | | | |
| 3 | | 1 | | | | | 53 | | | | | |
| 4 | cancel | | | | | | 54 | | | | | |
| 5 | | 1 | | | | | 55 | | | | | |
| 6 | 1 | | | | | | 56 | | | | | |
| 7 | | 1 | | | | | 57 | | | | | |
| 8 | | 1 | | | | | 58 | | | | | |
| 9 | | 1 | | | | | 59 | | | | | |
| 10 | | 1 | | | | | 60 | | | | | |
| 11 | | 1 | | | | | 61 | | | | | |
| 12 | | 1 | | | | | 62 | | | | | |
| 13 | | 1 | | | | | 63 | | | | | |
| 14 | 1 | | | | | | 64 | | | | | |
| 15 | | | | | | | 65 | | | | | |
| 16 | | | | | | | 66 | | | | | |
| 17 | | | | | | | 67 | | | | | |
| 18 | | | | | | | 68 | | | | | |
| 19 | | | | | | | 69 | | | | | |
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| 26 | | | | | | | 76 | | | | | |
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| 35 | | | | | | | 85 | | | | | |
| 36 | | | | | | | 86 | | | | | |
| 37 | | | | | | | 87 | | | | | |
| 38 | | | | | | | 88 | | | | | |
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| 40 | | | | | | | 90 | | | | | |
| 41 | | | | | | | 91 | | | | | |
| 42 | | | | | | | 92 | | | | | |
| 43 | | | | | | | 93 | | | | | |
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| 47 | | | | | | | 97 | | | | | |
| 48 | | | | | | | 98 | | | | | |
| 49 | | | | | | | 99 | | | | | |
| 50 | | | | | | | 100 | | | | | |
| Total Indep | 3 | | | | | | Total Indep | | | | | |
| Total Depend | 9 | | | | | | Total Depend | | | | | |
| Total Claims | 12 | | | | | | Total Claims | | | | | |